ARIZONA FORM 140X

Individual Amended Return

1999

For calendar year 19 or fiscal year beginning, 19 and ending,,,										
Your first name and initial	Last na	Last name					Your social security number			
1	Looks	Look none					Construction and interest in the state of th			
If a joint return, spouse's first name and initial	Last II	Last name					Spouse's social security number			
Present home address - number and street, rural route Apt. No.	Daytir	ne tel	ephone			RTANT!				
2	(()					You must enter			
City, town or post office State ZIP code	Home	telep	hone 94		your SSN(s) above. For DOR use only					
			12.1							
3	()		_						
Name and address on original return (if same, write "Same")										
Check how to indicate hoth filling status and residence status		0	n Original On Ti	nis						
Check box to indicate both filing status and residency status 4 Married filing joint return		4	Return Retu	m 88]					
Section 1	•••••	5								
6 Married filing separate return. Enter spouse's social security num	ber									
above and full name here ➤		6		81						
7 Single		1 1		Filed	Check or	nly one: 0	97	1		
8 Resident		9		_ <u>≡</u>	Form 14	0A 0EZ				
9 Nonresident		10		Form	Form 14	ONR		4		
11 Part-year resident active military		11		Original F		OPY rrected percenta		······ 5	0/	
12 Nonresident active military		12		Ori	Arizona ı	residenċy if 140	ŇR, or 140P	Υ	%	
IMPORTANT: In order for your amended return to be processed, you must enter an a	amount in		IA.	(a) MOUNT RE		(b) AMOUNT TO) BF	(c) CORRECTED		
columns (a), (b) and (c) for lines 13 through 16, lines 18 through 23, lines 25,			nd 36	ON ORIG		ADDED (SUBTR	ACTED)	AMOUNT		
13 Federal adjusted gross income/Arizona gross income							13			
14 Additions to income							15			
16 Dependent Exemptions							16			
Enter number of dependents you are claiming on line 16 of this						1				
18 Age 65 or over, blind or qualifying parent or ancestor exemptions							18			
19 Subtractions from income										
20 Arizona adjusted gross income. Subtract lines 16, 18, and 19 from line 15										
	21 Deductions (Itemized or Standard) 22 Personal exemptions									
23 Arizona taxable income. Subtract lines 21 and 22 from line 20										
24 Tax from tax rate table: Table X or Y (140, 140NR or 140PY) Optional Table (140, 140A or 140EZ)										
25 Tax from recapture of credits from Arizona Form 301, Part II							25 26			
 Clean Elections Fund Tax reduction claimed on original return (1998 or Reduced tax. Subtract line 27 from line 26 column (c) 				27						
29 Family income tax credit			29							
30 Credits from Arizona Form 301, Part II							30			
31 Credit type - enter form number of each credit claimed	1 3		3			3				
32 Subtract lines 29 and 30 from from line 28			<u></u>		<u>.</u>					
33 Clean Elections Fund Tax Credit. See instructions							33		_	
34 Balance of tax. Subtract line 33 from line 32. If line 33 is more than line35 Payments (withholding, estimated, or extension)							34		-	
36 Property tax credit							36			
37 Payment with original return. <i>Plus all payments after it was filed</i>										
38 Total payments and property tax credit. Add lines 35 through 37 column (c)										
39 Overpayment from original return										
40 Balance of credits. Subtract line 39 from line 38									_	
 41 REFUND/CREDIT DUE. If line 34 is less than line 40, subtract line 34 from line 40 and enter refund/credit amount 42 Amount to be applied to 2000 estimated tax. If zero, enter "0" 									-	
42 Amount to be applied to 2000 estimated tax. If zero, enter "0"								_	$\overline{}$	
44 Enter the amount from line 19, column (c) that pertains to your federal r										
45 Is this amended return the result of a net operating loss? If yes, check the box. 45 YES										
							[82 99	9	

Form 140X (1	999)	Page 2											
PART I Exemptions Do not list yourself or	1 Age 65 or over2 Blind3 Your dependent children and other dependents						_	(a) Number Reported	(b) Net Change	(C) Corrected Number			
spouse as dependents	Enter number of dependents listed on line 3 column (c) here and also on Form 140, page 1, line 17												
	L	List below the names of children and other dependents. If more space is needed, attach a separate sheet.											
	-	First name Las		nme	ne 		security r	number	Rela	tionship	No. of months lived in your home		
	-												
	((F	For 1996 and 1997, enter the names of the dependents listed above who do not qualify as your dependent on your federal return because: (1) The dependent's income was equal to or more than the federal exemption amount for the year. (2) The dependent filed a joint federal return with his/her spouse (3) You claimed the dependent under the Arizona age 65 or over rules For 1998 and 1999, enter the names of any dependents age 65 or over listed on line(s) A1 that you cannot claim as a dependent on your 1998 or 1999 federal return.											
	4 Arizona Residents Only (1999 Only) Number of qualifying parents and an							-	(a) Number Reported	(C) Corrected Number			
	List qualifying parents and ancestors below. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line 3. For information on who is a qualifying parent or ancestor, see the instructions for the original return you filed.												
		First name	Last na	ame		Social	Social security numb		Rela	tionship	No. of months lived in your home		
PART II Income, Deductions, and Credits	requ	List the line reference from page 1 for which you are reporting a change; then give the reason for each change. Attach any supporting documents required. If the change(s) pertain(s) to an IRS audit, please attach a copy of agent's report. If you filed an amended federal return with the IRS (Form 1040X), please attach a copy, plus all supporting schedules.											
	_												
Please	I have read this return and any attachments with it. Under penalties of perjury, I declare the Declaration of preparer (other than taxpayer) is based on all information of which preparer Your signature												
Sign Here	Spouse's signature				Date Spouse's occupation								
Paid Preparer's Information	Preparer's signature					Firm's name (preparer's if self-employed)							
	Pre	oarer's TIN		Date	Preparer's a	address							

If you are sending a payment with this return, mail to: Arizona Department of Revenue, PO Box 52016, Phoenix AZ 85072-2016.

If you are expecting a refund, or owe no tax, or owe tax but are not sending a payment, mail to: Arizona Department of Revenue, PO Box 52138, Phoenix AZ 85072-2138.